Egyptian patients' perception of their lived experience about stressors in Critical Care Department: Intervention protocol

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Abstract

Background: The Critical Care Department (CCD) is designed for life-saving efficiency and quick response. But the chilling bright light, intimidating technology and almost inevitable feelings of helplessness can prove so stressful for patient as to damage there chances for recovery.

Aim: was to identify the Egyptian patients' perception of the stressors in the CCD. through their lived experiences.

Design: A descriptive exploratory design was utilized in this study.

Setting: this study was conducted at the Critical Care Department, El Manial University Hospital.

Subject: A convenient sample of 100 patients of equal males and females number was selected according to the following criteria: patients should be free of cognitive impairment, alert, able to communicate, spent at least from five to seven days in the CCD and are scheduled for discharge.

Methods: Each potential subject participating in the study was contacted individually by the investigator one day before discharge. The patient before discharge can describe his/her experience in the absence of the intense stage of the disease and the shock of admission to the CCD. Data was collected using the designed tools through structured interview.

Results: The most stressful category was that related to the design and the structure of the CCD, the CCD rules and regulations comes next, then the staff personnel, followed by the patient presence with other patients. Finally the category of the stressors related to the patients him / her. There were also some stressors perceived as highly stressful such as, continuous light, the bagging sound, restricted visiting system. The doctors aren't careful to explain the patient's progression and treatment regimen. No orientation of the time and the date, being boring, in addition to and missing of family and friends. The age, sex, educational level and marital status were correlated to some types and intensity of stressors.

Recommendation: were made to establish measures and plans to minimize as possible stressors that the patient can be exposed to and to permit a human structuring of CCD.

Introduction

Stress is experienced when discrepancies exist between perceived environmental demands and individual abilities (Thelan et al., 1998). Stress has a holistic effect; it affects the whole person in all human dimensions (physical, emotional, intellectual, social and spiritual). The perception of stress as well as the responses to it is highly individualized not only from person to person but also from time to another in the same person (Taylor et al., 1997).

Smeltzer and Bare (2000), define stress as a state produced by a change in the environment that is perceived as challenging, threatening, or damaging to the person's dynamic balance or equilibrium. Stress produces inability of the person to meet the demands of the new situation. The change or stimulus that evokes this state is the stressor, which is defined as a noxious or threatening stimulus that can elicit a stress response; this response may be actual, or potential, biophysical- chemical, or psychological- cultural (Cassmeyer et al., 1993).

Stress may increase person's susceptibility to illness, especially if several stressors experienced at the same time. It is estimated that up to 75% of all illnesses is stress-related (Rose et al., 2000). Any stress that threatens one's sense of wholeness,

ranged between 25 and 65 years with mean (45 ±11.35 years). Fig. (1) Shows that sample was almost equally distributed between the four age groups. Fig. (2) demonstrates that 72% were married . As evident in Fig. (3), 43% of studied sample were illiterate, and the 20% were read & write.

Patients' perception of stressors related to intensive care environment was presented in table (1). In relation to design and structure of unit stressors, 68% of the studied sample perceived that both continuous light and hearing the paging sound as moderately to highly stressful for them with x=2.98 ±1.02 and x= 2.95 ±1.03 respectively. As regards rules and regulations in CCD stressors, 67% of the studied sample perceived restricted visiting of family and friends as moderately to highly stressful for them with x=3.04±1.11. Stressors related to staff and personnel in CCD also presented in the table (1), 86% of the studied sample expressed that the doctor isn't careful to explain the progression of the case for them and perceived this as moderately to highly stressful with x=3.51±0.81. Meanwhile, 7% and 8% of the studied sample perceived that asking about the amount of fluid intake and frequent checking the urine output are moderately to highly stressful with x=1.48±0.71 and x= 1.44 ±0.73 respectively. As regards stressors related to the presence of other patients with them, 84% and 33%of the studied sample perceived the sound of pain and crying of the other patient and continuous change of the patient beside are moderately to highly stressful with x=3.45±0.88 and x= 2.19 ±0.98 respectively. Stressors related to the patient himself revealed that 8% of the studied sample perceived inability of orientation to the time and date as

moderately to highly stressful for them with x=3.34±0.92. Surprising that having tubes in mouth and nose expressed by 6% only with x=1.80±1.52.

It is observed from table (2) that the highest mean scores of stressors in CCD were design and structure of unit with x=12.09±2.71, followed by rules and regulations and staff personnel stressors as x=66.13±13.58 and x=22.90±5.94 respectively. Meanwhile, the presence of patient with others in the same room and stressors of patients themselves represented the lowest stressors where x=29.37±6.98 and x=17.75±3.83 respectively. The total mean scores the stressors x=148.25±26.66 with % maximal scores were 58.83±10.83.

Table (3) reveals that a statistically significance differences were found between age group and unit design, rules and regulation, presence with other patients and stressors related to patients themselves were F= 3.44, 4.65, 5.22 and 3.47 respectively. Concerning sex, a statistically significance differences were found between sex and rules and regulations and the staff personnel stressors were F=2.34 and 2.15, respectively. A statistically significance differences were found between education and unit design, rules and regulations and the staff personnel and stressors related to patients themselves were F=4.64, 3.17, 5.96 and 2.99 respectively. Also a statistically significance differences were found between education and the total scores of stressors F=4.18. Also table (3) revealed that a statistically significance differences were found between marital status and unit design, staff personnel and stressors related to patients themselves. Also a statistically significance differences were found between marital status and the total stressors scores.

Fig. 1 Frequency distribution for age groups of the studied sample

Fig. 2 Frequency distribution for marrital status of stadied sample

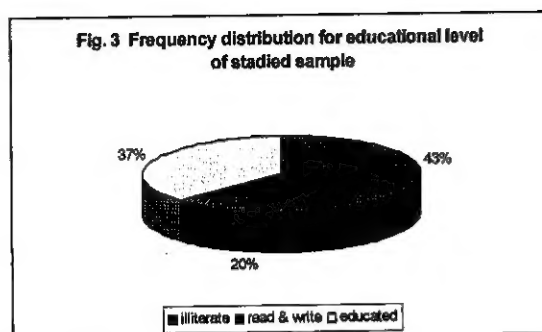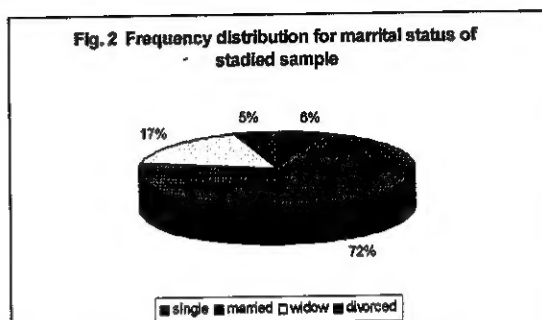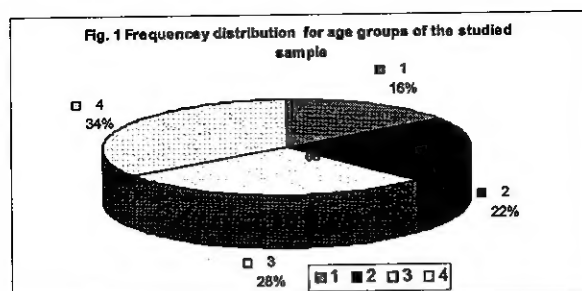Fig. 3 Frequency distribution for educational level of stadied sample

Table (1): Mean Scores of Items of Patients' Perception of Stressors Related to the Intensive Care Unit Environmental Stressor Scale in order of Severity.

No. of Category	Title of Category	Moderate to High stress		Mean ± SD
		N	%	
	Design and the Structure of unit:			
	Continuous light	68	68	
	Hearing the paging sound	68	68	
	Too hot or too cold room	20	20	
	Rules and Regulations of the ICU:			
	Restricted visiting of family and friends	67	67	
	Time of meal	4	4	
	Inability to smoke	3	3	
	Staff and Personnel:			
	The doctor isn't careful to explain the progression of the case	86	86	
	The nurse continuously ask about the amount of fluid intake	7	7	
	Frequent checking of the urine output	8	8	
	Other Patients:			
	The sound of pain and crying of other patient	84	84	
	Continuous change of the patient beside	33	33	
	Patient Himself:			
	No orientation to the time and date	81	81	
	Having tubes in mouth and nose	6	6	

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Table (2): Mean Scores of Patients Perception of the Five Stressful Categories in CCD Environment.

No. of category	Title of Category	Rank	Mean ± SD	% of maximal scores
	Design and the Structure of unit (4 items)	1st	12.09± 2.71	75.56± 16.94
	Rules and Regulations of the ICU (26 items)	2nd	66.13± 13.58	63.58± 13.06
	Staff and Personnel (10 items)	3rd	22.90± 5.94	57.25± 14.85
	Other Patients (13 items)	4th	29.37± 6.98	56.48± 13.42
	Patient Himself (9 items)	5th	17.75± 3.83	49.31± 10.64
Total			148.25± 26.66	58.83± 10.85

Table (3): The Relationship between Patient' Sociodemographic Characteristic on Different Categories of Stressors.

Categories	Design Mean ± SD	Rules Mean ± SD	Staff Mean ± SD	Other Mean ± SD	Patients Mean ± SD	Total Mean ± SD
Age (year)						
25-	19.0 ± 31.1	13.0 ± 70.1	70.4 ± 7.7	13.6 ± 2.5	157.6 ±27.5	157.6±23.5
35-	15.4 ± 29.7	12.4 ± 70.2	70.2 ± 5.62	12.2 ± 2.4	153.2 ±24.4	153.24±25.4
45-	18.6 ± 22.1	12.0 ± 63.1	63.6 ± 7.1	12 8 ± 2.1	143.6 ±28.8	143.68±22.1
55+	18.5 ± 20.3	13.5 ± 20.3	13.5 ± 20.3	13.5 ± 20.3	13.5 ± 20.3	138.5 ± 20.3
f/p	3.44**	4.65**	0.91 NS	5.22**	3.47***	2.71 NS
Sex						
Male	23.2 ± 0.4	16.8 ± 5.8	30.8 ±4.1	11.5 ±6.4	66.9 ± 3.1	149.8 ± 27.4
Female	22.8 ± 0.7	16.6 ± 6.0	27.9 ±3.3	12.6 ± 7.2	65.3 ± 2.4	149.0 ± 26.8
f/p	0.55 NS	2.34**	2.15**	2.05 NS	0.61 NS	0.45 NS
Education						
Illiterate	22.4 ± 5.5	19.1 ± 2.7	29.2 ± 6.4	12.3 ± 2.6	64.2 ± 12.8	147.2 ± 23.4
Read & write	18.8 ± 6.4	15.2 ± 3.6	23.2 ± 6.5	11.2 ± 2.3	59.9 ± 15.4	129.2 ± 31.8
Educated	23.7 ± 7.0	17.8 ± 4.4	29.2 ± 5.6	12.8 ± 5.4	68.2 ± 12.6	141.0 ± 116
f/p	4.64***	3.17**	5.96***	1.14 NS	2.99**	4.18**
Marital status						
Single	20.8 ± 4.4	18.8 ± 3.4	36.8 ± 6.4	14.3 ± 1.7	65.3 ± 12.7	155.6 ± 24.8
Married	24.1 ± 5.8	17.6 ± 3.8	29.6 ± 6.5	12.6 ± 2.9	68.6 ± 14.9	152.1 ± 27.3
Widowed	20.0 ± 5.4	18.5 ± 4.1	25.9 ± 7.4	11.3 ± 1.8	59.3 ± 10.8	135.2 ± 23.8
Divorced	17.2 ± 1.9	15.6 ± 1.6	24.8 ± 5.4	12.6 ± 1.6	58.6 ± 3.6	127.6 ± 7.8
f/p	4.67**	0.81 NS	5.38***	1.84 NS	2.59*	3.22**

NS= Not significant   *=P<0.05   **=P<0.01   ***=P<0.001

Discussion

This study was an attempt to offer an elaborate data about stressors in the CCD that are based on the real experience encountered by patients. Categories of stressors perceived by the CCD patients ranked in a descending order according the severity of stress. The study findings dented that stressors related to the design and the structure. The study revealed that hearing the paging sound, continuous light, about two thirds of the sample perceived by them as moderately to highly stressful. Those two items are considered as exaggerated stimulation of the sense of hearing and vision and may hinder sleep. They are also responsible for occurrence of sensory overload and sensory deprivation and even CCU syndrome possibly to occur for these patients. Continuous light only is responsible for the unawareness by the time which ranked as the first one in the severity of stress in the category of the stressor related to the patient' himself. Wilson (1993) documented that, harsh lighting, monotonous sound is common occurrences during hospitalization, especially in the CCU, these contribute to sensory overload and impaired visual perception. In addition, Cornock (1998) documented that continuous bright light has been shown to have a deleterious effects on the patients. The least stressful item in this category is being in a too hot or cold room environment. The presence of the air conditioning which was turned on and off according to the patient' need. In the contrary, Mondejar, et. al,(2001), concluded that, the temperature and weather patient were individual rooms or open . wards were considered as the factors influencing the appearance of the ICU syndrome in some patients. In addition, Mazer (2001), study revealed that, many patients in CCU reported that cold or damp weather causes emotional stress and makes their pain worse.

The most stressful item among rules and regulations was the restricted visiting of family and friends. Exactly the half of the subjects perceived it as highly stressful. This may be attributed to the strong family attachment, which is a characteristic of the

Egyptian people. Regarding to this respect, many authors agreed about the above mentioned results, Wilson (1998), found that the CCU patients who had little contact with significant others were more likely to experience sensory perceptual alteration. Novaes, (1999) assured that maintaining contact with significant others, facilitating access to source of spiritual support, and protecting privacy are examples of interventions for psychological causes of sensory perceptual alteration. Cornock (1998) revealed that, restricted visiting of family and friends, was considered a high stressful item in the CCU. Finally the time of the meals and inability to smoke were the least two stressful items in this category, as most patients consider the stoppage of smoking as an advantage even temporary to improve their condition.

The stressors related to the staff and personnel of the CCU, was ranked as the fourth in the severity of stress encountered by CCD patients. The most stressful item is that "the doctors are not careful to explain the progression of the patient' condition". The majority of the subjects perceived it as moderately to highly stressful. This item is related to the unsuitable caring behavior even from the doctors and the nurse, who are supposed to be responsible for reducing the patients stress in the CCD; unfortunately, their actions were stressful for the patients. This was supported by Dyer (2005), who documented the patient' rights that, when the patient does not understanding any information about his diagnosis or treatment, he should ask his physician or another member of his healthcare team to explain it to him until the information is clear. Bail (2005) assured that, effective communication between the medical staff and the patient affect the patient's outcomes such as compliance with treatment, participation in important treatment decisions and even psychological adjustment. The least two stressful items in this category were continuous asking about the amount of the fluid intake and frequent checking the urine output. These may be because the patients consider them as part

of the comprehensive care for their condition, and a careful follow related to good quality of care in the CCD.

The study findings denoted that stressors related to the other patients were perceived as causing the highest level of stress as compared to the other categories. This stress related category contains only four items related to other patients. The most stressful item in this category was the sound of pain and crying of other patients, which was perceived as moderately to highly stressful by the majority of sample. The least stressful items among the four was the continuous change of the patient beside which was perceived as moderately to highly stressful by exactly one third of the sample. Even through, this item was the least stressful but was considered higher in comparison to the least stressful items in other categories. These results may indicate that the patients in the CCD experienced worries of being with other patients more than any other stressor, even the stressors that related to the patients themselves. Patient fears may be resulting from seeing themselves in the position of that neighboring patient who is being resuscitated or who has died.

The previous study results are supported by Bail (2005), who reported that when a patient has died inside the CCU, this view is considered very frustrating for other patients. Also the stress imposed by observing cardiopulmonary resuscitation on another patient resulted in significant increases in heart rate in all patients (Sczekalla, 1995).Moreover, Magee & Rowett (2004), concluded that, death of the patient at the beside is major stressor faced by the patient in the CCU and can significantly contribute to depression.

Stressors related to the patient himself were the second in the severity of stress. The most stressful item was loss of orientation to time and date; which was perceived as moderately to highly stressful by the majority of the sample. Many authors agreed that loss of orientation to time is a major stressor encountered by the CCD patients, Hudak *et al,* (1998), mentioned that stressor is one of the obvious symptoms of sensory deprivation which is. considered as a phenomenon occurring after a reduction in the quantity or quality of sensory input. Halara & Alpen (1993) assured that, the inability to differentiate night from day and to determine the time and date has also been reported as very distressing in critically ill patients.

The least stressful item in this category was having tubes in the mouth and nose. It worth to mention that the item by itself may be seen as very stressful, but there were few patients of the sample had tubes in the mouth or nose, and those were included after removal of the tubes, because of criteria of selection. In this respect Urban (1997), documented that feeling of isolation may be experienced by patients in the alien CCU environment filled with strange machinery and equipment. In addition, difficulty in communication among intubated patients has been identified as the most stress-producing stimuli in the CCU.

Results of the current study revealed that there are a significant association between the age groups and all categories of stressors except, the category of the stressors that related to the staff and personnel. The mean scores of stressors observed among the young age were higher than among old age. The stressors related to the design and structure were also related to age this respect, Topf (2000), documented that young age patients have been observed to tolerate greater sounds like noise in the CCU than the old age. Marshall & Soucy (2003) found that, advanced age patients in the CCU brings additional challenges, as the elderly are more sensitive to change of sleep wake cycle, that they are most frequent to be exposed to delirium and CCU psychosis. Moreover, Dotinga (2004), found that the young adults are easily to be stressed in the CCUs, and developed high blood pressure earlier than order adults developed.

As regards, the sex, only two categories of stressors, which were the stressors related to the rules and regulations, showing a higher mean scores among the females than males. The second related to the staff and personnel of the CCD, the mean scores among the male was higher than female patients. There was no association between the sex and total stressor score. Habib (1991) concluded that there was an association between the sex and level of

stress. The mean score of the stress reactions observed among the male patients was higher than female. Topf (2000) found that the gender may be a factor that effects the patient's reaction to the CCU noise, that the female patients were more reactive to the noise than male.

There was an association between the level of education and all categories of stressors except one category that related to the presence with other patients. In addition there were also significant association between the level of education and the total score. In this respect, Dossy (2005) concluded that poor education was only a stand in or "proxy" for stress and loneliness that is, low education actually did its damage through the stress and social isolation.

The study revealed that a statistically significance differences were found between marital status and unit design, staff personnel and stressors related to patients themselves. In this respect, Goldberge (2005) found that, marriage protects men's health more than women's, as men are less to be exposed to emotional stresses. Study by Gardner (2005), revealed that, man with the lowest levels of social involvement had the highest levels of stress hormones secreted which can contribute to depression or stress. In women, however, there was an association between social networks and these hormones. Another study by Loucks (2005), suggested that marriage might mean something different for women, and could even by itself constitute a stressor for them.

The study concluded that, studied patients in CCD faced by five categories of stressors as follows: stressors related to the design and structure of the CCD, the rules and regulations of the unit, staff and personnel, the other patients, and finally the patient's himself. The patients' perception of CCD stressors was found to be associated with their age, sex, level of education and marital status. Based on this, measures should be planned in order to minimize stressors that the patient can be exposed to, and to permit the structuring of a more humane CCD.

Based on the findings of this study, the following outlines are suggested as an intervention protocol:

1. Critical Care Department should provide a simple illustrated flayer demonstrating essential information, related to department design, room capacity, pictures of some common machines and equipments.
2. Regarding the department design, there should be separated and other shared rooms.
3. The light should not be continuously on, especially for the stable cases.
4. Arrange procedures in order to permit the patient to rest and to sleep longer hours without interruptions.
5. The use of the paging system should be minimized or modified as possible.
6. Rooms should be cleared off machines that are not necessary for use to provide a comfortable seen in setting.
7. Clocks and calendars must be put in the CCD rooms available to be seen by all patients and if necessary put more than one.
8. Rooms may be assigned for stable conditions with some recreation facilities such as radio or TV.
9. The visiting system should be flexible for stable cases.
10. The behavior of the CCD staff should be modified, that the physicians should simply explain the case and the treatments to the patient.
11. The doctors and nurses try to avoid taking in front of patient by strange language.
12. All CCD staff and personnel should consider be avoiding speaking in loud voices, in order to provide a quit environment as possible.
13. Try to avoid placing patients of different sexes together in the same room, for the cultural and social considerations.
14. The design of the CCD gowns should be modified to permit more privacy especially for women and make continuous repair for gowns when needed.
15. Categorization of patients should be made in relation to the seriousness of the condition, that, the most critically ill patients such as who are unconscious or on a mechanical ventilators should be together in

separate rooms and away from patients with stable conditions.

16. Provide psychological support for those patients who are of young age, or who have special circumstances that may increase their stress during CCD stay.

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أدراك المرضى المصرين للضغوط بقسم الحالات الحرجة من واقع تجربتهم

منال سيد إسماعيل

قسم التمريض الباطني الجراحى

كلية التمريض – جامعة القاهرة

المقدمة :- تعتبر وحدة الرعاية المركزة وحدة علاجية ذات طابع خاص فهى مجهزة للعناية بذوى الحالات الحرجة والتى تحتاج لملاحظات مستمرة ودقيقة ، وبالرغم من أهمية هذة الوحدة لانقاذ حياة هؤلاء المرضى ، ألانها قد توادي الى تعرض المرضى للكثير من الضغوط المختلفة مماقد يؤثر على عملية الشفاء أو قد يؤجل خروجهم منها .

الهدف:- تهدف هذه الدراسة الى التعرف على تلك الضغوط كما يدركها المرضى المصرين داخل قسم الحالات الحرجة من واقع تجربتهم ولتحقيق هذا الهدف تم صياغة سؤالين كالاتى :-

1- ما هى الضغوط التى يدركها المرضى داخل الرعاية المركزة من واقع تجربتهم ؟

2- هل توجد علاقة بين نوعية وشدة هذه الضغوط ، وبين خصائص المريض الديموجرافية ؟

وقد أجريت هذة الدراسات بقسم الحالات الحرجة بمستشفى المنيل الجامعى .

عينة البحث :- اشتملت عينة البحث على مائة مريض ومريضة ممن ادخلوا للعلاج بوحدة رعاية الحالات الحرجة وتراوحت مده أقامتهم بالوحدة ما بين 5-7 أيام قبل الخروج .

أدوات البحث :- تم استخدام استمارتين لجميع المعلومات الخاصة بالدراسة

1- استمارة الخصائص الديموجرافية والاكلينيكية للمريض

2- استبيان الضغوط الموجودة بالرعاية المركزة والتى تشمل على خمسة مجموعات من الضغوط تمثل (1) ضغوط خاصة بتصميم وتكوين الوحدة (2) ضغوط خاصة بنظام وقوانين الوحدة (3) ضغوط خاصة بفريق العمل بالوحدة (4) ضغوط خاصة بالمرضى الاخرين (5) ضغوط خاصة بالمريض نفسيه

وقد تم جمع البيانات عن طريق المقابلة الشخصية للمرضى قبل خروجهم بيوم واحد وبالنسبة للمرضى القادرين على القراءة وكتابة أو ممن ابدو الرغبة فى ملئ أسبيان البحث بمفردهم كانوا يتركون لملئها بمفردهم بعد شرحها لهم . اما بالنسبة للمرضى الغير متعلمين أو الذين لا يرغبون فى ملئ الاستمارة تقرا ويتم تدوين اجابتهم عن طريق الباحث .

نتائج البحث :- بعد جميع البيانات تم تحليلها احصانياو اسفرت الدراسة عن النتائج التالية .

معظم العينة كانو متزوجين (72٪) وكانت اعمارهم موزعه تقريباً بالتساوى بين المراحل العمرية المختلفة من سن25 – 65 سنة وأكثر من نصفهم كانوا من سكان (63٪) واكثر من نصفهم دخلوا الراعاية المركزة لأول مرة (53٪) وكان المعظم يعانى من أمراض قلب (89٪) وكان (87٪) منهم فى تمام حالة الوعى عند دخولهم الراعاية . بالنسبة لمجموعات الضغوط : –

فكانت قد رتبت طبقا لشدة درجة القلق على النحو التال

1- الضغوط المتعلقة بتصميم وتكوين الوحدة

2- الضغوط المتعلقة بنظام وقوائين الوحدة

3- الضغوط المتعلقة بالفريق الطبى والعاملين بالوحدة ، ثم أخيرا

4- الضغوط المتعلقة بالمرضى الأخرين

5- الضغوط المتعلقة بالمريض نفسة

أما عن الضغوط داخل المجوعات فهناك بعض الضغوط أدركها المرضى وصنفوها على انها مقلقة بدرجـة شـديدة وهـى :الضوء الشديد ، صوت النداء المركزى ، نظام الزيارة ، عدم شرح الطبيب لتطور الحالـة وأيـضا عمليـة العـلاج ، عـدم ادراك الوقت والتاريخ ، الإحساس بالملل ، وأول ثلاث عوامل فى المجموعـة المتعلقـة بالمرضـى آخـرين .توجـد بعـض الخصائص الديموجرافية لها علاقة بنوعية وشدة العوامل التى تسبب الضغوط وهى :- السن ، النوع ، محل الاقامة ، والحالة الاجتماعية واعتمادا على نتائج الدراسات لابد من اعادة النظر لأقسام رعاية الحالات الحرجة من حيـث تقليـل الضغوط التى تحتويها قدر المستطاع كى تصبح اقسام رعاية الحالات الحرجة محتملة من قبل المرضى ولا تسبب لهم اى ضغط نفسى حتى لا تتاثر عملية شفاؤهم بالتالى تقلل مدة الاقامة بالوحدة .

البروتوكول المقترح :- بناء على تقدم توصى الدراسات بما يلى :

1- اعداد كتيب لوحدة رعاية الحلات الحرجة باللغة العربية سهلة الفهم الذى يتضمن بعض المعلومـات المتعلقـة بتصميم الوحدة ، عدد الأسرة داخل الغرف ، والكوادر المختلفة داخل الوحدة للفريق الطبى وأيضاً بعض الصور الأجهزة المعدات الموجودة داخل الوحدة .

2- بالنسبة للغرف يوصى بأن تكون هناك غرف تحتوى على سرير واحد وأخرى تحتوى على عدة أسرة ويعطى المريض الفرصة لكى يختار مكان فى حالة سماح حالته بذلك .

3- عدم ترك الاضاءة مستمرة وخصوصاً فى الغرف التى بها حالات مستقرة وذلك لكى لا يسبب ارق للمرضى وعدم انتظام النوم .

4- تقيين استخدام نظام النداء المركزى قدر المستطاع أو تعديلة ان امكن .

5- احتواء الغرف على ساعات اونتائج لمعرفة الوقت ةالتاريخ واذا كانت الغرافة بها نافذة من الممكن فتحهـا قـدر المستطاع .

6- توجيه النظر الى السلوك المتبع من قبل الأطباء والمرضات للمرضى من حيث اعطائهم الفرصـة التحـدث معهـم عن حالتهم وشرح العلاج والاستماع الى شكواهم .

7- يراعى عند دخول المريض عدم وضعه فى غرفة بها مريض من نوع اخر (ذكر / انثى) قدر المستطاع ومحاولـة تعديل الرداء الخاص بالمرضى وخصوصاً للنساء .

8- من الممكن تصنيف الحالات بحيث ان لا يتواجد مريض حالتـه مـستقرة بجـوار حـالات أخـرى غـير مـستقرة وخصوصاً اذا كان موصل بأجهزة كثيرة .